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SOS

610 N. Silver St

Silver City, NM 88061

575-956-6131

575-956-6947

Haley, Shelly

ID: 1000010733986 DOB: 4/17/1975

Treatment Plan (SOS)

Use Note Creation Time

Clear Time

Set Date/Time

7/30/2023

10:50 PM

Cognitive

- Can make needs known

Communicative

- When well, communicates in a satisfactory manner

Family

- Patient has ability to use family support

Motivation

- Motivation for treatment is good

Physical

- Good medical care

Relationship

- Appears to have healthy supportive relationships

Social

- Interacts well with others

Spiritual

- Has strong religious beliefs

Signature below indicates that this Treatment Plan has been reviewed and approved:

Date: _____ Clinician: _____ Title: _____

Date: _____ Patient/Client: _____

Date: _____ Parent/Guardian: _____

Date: _____ Other: _____

A copy of this treatment plan was: _____ given to the patient/client/family OR _____ declined by the patient/client/family:

Date: _____ Clinician: _____ Title: _____

Electronically Signed

By: _____

Service Location

Audit Log

Copy contents of the text only into

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(Please click in the field and scroll down to see full text of note.)

Capture Signature

#1 Signed By: _____

Capture Signature

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Capture Signature

#3 Signed By: _____